Utah DHS-DSPD
1/00

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

Page 1 of 1

Form 817

DD/MR WAIVER
LEVEL OF CARE DETERMINATION

Data Entry
Initials:
Date:

Region/Office ☐

Worker Number ☐

Individual's Name (Last, First, Middle Initial)

Individual's Data Entry Number

Based on formal assessments, the individual must meet **all** requirements in item 1, and **one** requirement in item 2 below, to meet the level of care requirements for placement in an intermediate care facility for people with mental retardation.

1. Requires care above level of room and board as documented by **all** of the following criteria (check all that apply).
   - ☐ Substantial functional impairment in three or more of the six areas of major life activity as defined in Policy 2-1, Eligibility and Intake for Developmental Disability Support.
   - ☐ Onset of condition was before age 18 for mental retardation or before age 22 for developmental disabilities.
   - ☐ Primary condition is not attributable to mental illness.
   - ☐ Requires at least weekly intervention by or under the supervision of a health care professional or trained support provider.
   - ☐ Cannot be maintained in less restrictive environment without Home and Community-Based Waiver services.

2. Plus **one** of the following (check one box):
   - ☐ Has mild, moderate, severe, or profound Mental Retardation.

     Specify level of Mental Retardation:____. Code:__________.

   - ☐ Has a developmental disability and requires care and services similar to that of an individual with mental retardation.

     Specify developmental disability:____. Code:

I hereby certify that but for the provision of Home and Community-Based Waiver services the individual would require the level of care provided in an intermediate care facility for people with mental retardation.

Qualified Mental Retardation Professional:____. Date:_______________.

Choice of Service: I have been advised that I may choose either Home and Community-Based Waiver services or an intermediate care facility for people with mental retardation. I have been informed of alternatives available under the Waiver and I choose:

☐ Home and Community-Based Waiver services. ☐ Intermediate care facility for people with mental retardation.

Person's Signature:____. Date:________________.
Legal Representative Signature:_______________________________________. Date:________________.

Annual Reviews: I hereby certify that the individual's condition and diagnosis have not changed; therefore, there is a demonstrated need for continuing services under the Home and Community-Based Waiver.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Qualified Mental Retardation Professional:____. Date:___________________.

Utah DHS-DSPD
1/00

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

Instructions for Completing the Form 817

Page 1 of 1
Form 817

PURPOSE:
The form 817 is an eligibility form used for data entry and documenting a person's diagnosis and eligibility for Home and Community-Based Waiver Services.

COMPLETING THE FORM:
Person's Name: The name under which the person is open on State data-base. Person's Data Entry Number: The person s identification number from the State database.

Level of Care Documentation: This section documents the person's eligibility for an intermediate care facility for people with mental retardation and Home and Community-Based Waiver services. Check the appropriate boxes.

Information regarding the person's developmental disability and/or level of mental retardation should be obtained from assessment documents (medical and psychological reports) and written in the spaces provided along with the appropriate code from the International Classification of Diseases. Listed below are the levels of mental retardation and the most common developmental disabilities:

Codes from the International Classification of Diseases, 9th Edition (look up additional codes in the book itself):

3170	Mild Mental Retardation
3180	Moderate Mental Retardation
3181	Severe Mental Retardation
3182	Profound Mental Retardation
3450	Epilepsy
3430	Cerebral Palsy
2990	Autism

Signature Area: Initial signature must be on or before the date the person enters Home and Community-Based Waiver services. The region staff who completes the document must be a Qualified Mental Retardation Professional or the document must be reviewed and co-signed by a supervisor who is a Qualified Mental Retardation Professional.

Choice of Service: Indicate that the person and/or the person’s legal representative have been advised of their right to choose between Home and Community-Based Waiver services and an intermediate care facility for mentally retarded by checking the service chosen and having the person and/or the person s legal representative sign in the space provided.

Annual Reviews: Annually, the Qualified Mental Retardation Professional must review the person's diagnostic information and eligibility for Home and Community-Based Waiver services. If the diagnostic information or level of care information changes, a new form 817 must be completed. If the diagnostic information or level of care remains the same, the professional signs and dates the original form 817.

DISPOSITION OF FORM:
Once completed, the person's level of mental retardation code and/or the person’s developmental disability code must be entered into the State database for payment to occur.

Placement in the person s record: File the completed form 817 in the eligibility section of the person s record.